**SPECIAL EVENT RAFFLE LICENSE APPLICATION**

*Notice: A special event raffle license application is only available to organizations with a 501(c)(7) tax exempt status that plan to conduct raffles to benefit other charities that are licensed to conduct charitable gaming. See KRS 238.535(14)(b) for additional requirements of a special event raffle license holder.*

*A complete application must be* ***received at least 60 days*** *prior to the intended start of gaming or before the expiration of your current charitable gaming license.*

**QUALIFICATIONS FOR LICENSURE**

1. Does your organization have a 501(c)(7) tax-exempt designation from the Internal Revenue Service? (This also includes organizations that are covered by a group ruling.) **Attach a copy of the letter or legal document issued by the IRS granting your organization’s tax-exempt status.**

□ Yes □ No

 **If you answered “No,” then your organization is not eligible for a special event raffle license.**

*Information provided in this section may be available to the public on the Department’s website or through open records requests.*

**CHARITABLE ORGANIZATION CONTACT INFORMATION**

2. Special Event Raffle License Number (if your organization is applying to renew its license):

SER-000

3. Organization’s Name:

 Physical Address (cannot be a P.O. box):

City: State: Zip Code: County:

 Mailing Address (if different from physical location):

 City: State: Zip Code: County:

 Email Address: Website URL (optional):

 Telephone: ( )

4. Organization’s Federal Employer Identification Number:

5. When was your organization established in the Commonwealth of Kentucky?

6. When was your organization established in the county or counties in which you plan to conduct charitable gaming?

**ORGANIZATIONAL STRUCTURE**

7. Provide a statement of the charitable purpose or purposes for which the organization was organized. If your organization is incorporated, you may instead provide a copy of its articles of incorporation.

8. Provide a statement explaining the organizational structure and management of the organization. If your organization is incorporated, you may instead provide a copy of the organizations' bylaws.

9. The following information is required for the **chief executive officer and the chief financial officer** of the applicant. Note: These officers shall be subject to a criminal history background check, which may require fingerprinting. Additional information relating to the procedures for the background checks will be forwarded to the applicant if necessary. Also note that physical addresses, **not P.O. box addresses**, must be provided for all officers. Additionally, organizations must designate **at least two chairpersons** in addition to the CEO. “Chairperson” means “any officer, member, or employee of a licensed charitable organization who will be involved in the management and supervision of charitable gaming.” Chairpersons are subject to a state and FBI criminal history check, which may require fingerprinting. If needed, additional information will be forwarded to you.

**Chief Executive Officer** **Chief Financial Officer**

Name: Name:

Date of Birth: Date of Birth:

Social Security Number: Social Security Number:

Home Address: Home Address:

City: City:

State: ZIP: State: ZIP:

Telephone: ( ) Telephone: ( )

Email Address: Email Address:

Chairperson: □ Yes Chairperson: □ Yes □ No

10. The following information is required for **officers** of the applicant not listed in question 9 above:

Name: Name:

Officer’s Title: Officer’s Title:

Date of Birth: Date of Birth:

Social Security Number: Social Security Number:

Home Address: Home Address:

City: City:

State: ZIP: State: ZIP:

Telephone: ( ) Telephone: ( )

Email Address: Email Address:

Chairperson □ Yes □ No Chairperson □ Yes □ No

*Attach additional pages if your organization has additional officers.*

11. The following information is required for **all employees and members of the organization who will be involved in the management of the applicant** not listed in question 9 or 10 above.

Name: Name:

Title: Title:

Date of Birth: Date of Birth:

Social Security Number: Social Security Number:

Home Address: Home Address:

City: City:

State: ZIP: State: ZIP:

Telephone: ( ) Telephone: ( )

Email Address: Email Address:

Chairperson: □ Yes □ No Chairperson: □ Yes □ No

Name: Name:

Title: Title:

Date of Birth: Date of Birth:

Social Security Number: Social Security Number:

Home Address: Home Address:

City: City:

State: ZIP: State: ZIP:

Telephone: ( ) Telephone: ( )

Email Address: Email Address:

Chairperson: □ Yes □ No Chairperson: □ Yes □ No

Name: Name:

Title: Title:

Date of Birth: Date of Birth:

Social Security Number: Social Security Number:

Home Address: Home Address:

City: City:

State: ZIP: State: ZIP:

Telephone: ( ) Telephone: ( )

Email Address: Email Address:

Chairperson: □ Yes □ No Chairperson: □ Yes □ No

Name: Name:

Title: Title:

Date of Birth: Date of Birth:

Social Security Number: Social Security Number:

Home Address: Home Address:

City: City:

State: ZIP: State: ZIP:

Telephone: ( ) Telephone: ( )

Email Address: Email Address:

Chairperson: □ Yes □ No Chairperson: □ Yes □ No

*Attach additional pages if necessary.*

12. Does your organization plan to conduct its raffle drawings on the organization’s premises?

**RAFFLES**

□ Yes □ No

13. If “Yes,” proceed to question 25. If “No,” provide the following information about the location at which the raffle drawings will be conducted.

Location of Raffle Drawings:

 FAC-000

 Facility Name License Number (if applicable)

 Street Address

 City State ZIP Code

 ( )

 County Telephone Facility Contact Person

14. Provide the following information for each raffle drawing to be conducted at this location:

|  |
| --- |
| **Raffle Drawings at This Location** |
| **Date** | **Start Time** | **End Time** |
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*If your organization plans to conduct raffle drawings other than at the location listed, provide the locations, dates, and times of those raffle drawings on a separate page.*

*Notice: Special event raffle licensees are limited to conducting a maximum of 12 raffles per year.*

**DISTRIBUTIONS TO LICENSED CHARITABLE ORGANIZATIONS**

15. List all licensed charitable organizations that will receive the net receipts of your special event raffles pursuant to KRS 238.535(14)(b):

 ORG000 Name of Organization Kentucky Charitable Gaming License No.

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**CERTIFICATION**

*This page must be* ***completed and signed by an officer*** *of the organization:*

I certify, under penalty of perjury, that I am an officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including any accompanying material, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature:

Printed name:

Title:

Date:

**Instructions**: Submit the completed original application (including all required attachments) along with the $25.00 fee made payable to “Kentucky State Treasurer” to:

**Commonwealth of Kentucky**

**Public Protection Cabinet**

**Department of Charitable Gaming**

**Division of Licensing & Compliance**

**500 Mero Street 2NW24**

**Frankfort, KY 40601**

**Email:** **dcg.info@ky.gov**

**Fax: (502) 573-6625**

If you have questions or need assistance completing this application, please call the Licensing Branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672. Visit the Department’s website at: [dcg.ky.gov](http://dcg.ky.gov)

**Applicant Checklist:** Before submitting the application, make sure you have:

* Answered all questions;
* Enclosed payment of the $25 application fee;
* Enclosed a copy of proof of the organization’s tax exempt status, if applicable; and
* Enclosed all other necessary attachments, if applicable.

**Notice**: Kentucky law requires licensees to notify the Department of Charitable Gaming in writing of any changes related to the information provided on this application within 30 days of the date the change occurred. KRS 238.525(6).